

2009 Arbor Day Grant Program "PLANTING IDAHO"

Accomplishment Report

GRANTEE COMMUNITY: _____

CONTACT PERSON: _____ PHONE: _____

1. What was the actual date of your Arbor Day Celebration?
2. Please give a breakdown of all cash expenditures **paid by city** that you are seeking reimbursement for (up to \$300). **Only costs of trees, shrubs & materials related to planting or tree care (i.e. mulch) are eligible for reimbursement.**

(Also, enclose paid receipts for these reimbursable expenses.)

Product	Quantity	\$ Amount	Check Number (that City paid expense with)
TOTALS			-----

3. Please list all **additional expenditures** paid by city and the amount and value of all donated activities for your celebration. Include donated plant material, supplies, equipment and labor. (Labor includes staff/volunteer time at planning meetings, site preparation and planting.) Indicate with an "X" whether donated or paid by city.

Activity/Product	Quantity	Value in \$	Donated	Paid by City
TOTALS	-----			

**Be sure you have records on file to substantiate your minimum 25% match.
A minimum of \$75.00 in cash and/or in-kind donations is required.**

To be reimbursed this form must be submitted to INLA prior to June 30, 2009.



4. How many people were involved in your celebration? _____

5. a. How many and what kind(s) of tree(s) did you plant?
(Make sure the cost of these trees is shown in the cost accounting sections above.)

Number of Trees?	Type of Tree?

b. Were any overhead utilities in the vicinity? _____

c. Where did you purchase plant material and/or related material?

6. Who has the responsibility to water and care for the tree(s)?

7. Share any unique activities or anything else you would like us to know about your celebration. Your celebration may be highlighted in either the INLA "Taproot" newsletter or in the "Idaho Community Trees" newsletter.

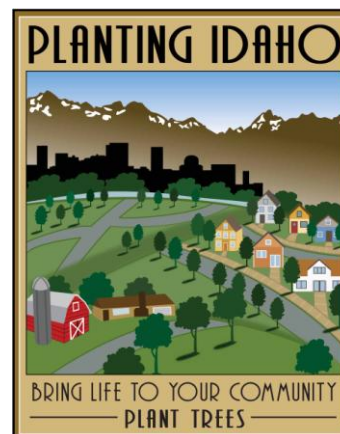
Signature of Contact Person: _____

Please include any newspaper clippings, handouts or other materials you used in your Arbor Day celebration.

Thanks for participating and KEEP UP THE GOOD WORK!

Return this form and all attachments to:

Ann Bates – Executive Director,
Idaho Nursery and Landscape Association
P. O. Box 2065
Idaho Falls, Idaho 83403
or Fax to 208-529-0832



To be reimbursed this form must be submitted to INLA prior to June 30, 2009.
Failure to do so will result in forfeiture of grant reimbursement.